49
8/27/02

3 to cl

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

DESMOND V. GAYLE Plaintiff,	:	CIVIL NO. 3:CV-01-1282
v.	:	(JUDGE WILLIAM W. CALDWELL)
WARDEN HOGAN and DEPUTY BOWEN, Defendants.	:	

AFFIDAVIT OF PATRICIA L. SAUERS, M.D.

Patricia L. Sauers, M.D., being duly sworn, deposes and says:

My name is Patricia L. Sauers, M.D. I serve as the medical director of the York County Prison. I am licensed by the Commonwealth of Pennsylvania to practice medicine in the state of Pennsylvania. This affidavit is based upon my personal knowledge and information. I am competent to testify and would state as follows if called as a witness at trial:

1.

I am a medical doctor licensed to practice medicine in the Commonwealth of Pennsylvania.

2.

In March of 2001 and up to the present time I have been acting as the medical director of the York County Prison.

3.

Desmond V. Gayle is an INS detainee who was confined in the York County Prison in March of 2001.

4.

On admission to the, inmate Desmond V. Gayle provided transfer medical records which confirmed that he had a history of depression and schizophrenia. He had no history of gastrointestinal disease or food intolerance. On examination he was noted to be in no distress and his physical findings were normal except for slow mentation and some disorganized thoughts and confusion. He was followed by the psychiatrist during his detention at the York County Prison and was stable on Zyprexa, an anti-psychotic medication.

5.

On March 12, 2001, inmate Desmond V. Gayle was involved in an altercation. He was found to have sustained an abrasion on his upper lip but was cleared by the medical section for confinement in the BAU.

6.

While in the BAU Desmond V. Gayle filed several complaints with the medical section. The inmate presented a variety of complaints, which included abdominal pain, "feeling sick from food loaf", burning while urinating, frequent urination, difficulty in elimination and allegedly blood in his stool. (See attached medical records Exhibit "A")

7.

Inmate Desmond V. Gayle was examined each time he made a complaint, which he frequently related to consuming "food loaf".

8.

An evaluation by the medical staff indicated that there were no objective symptoms to confirm the subjective complaints made by this inmate. Urinalysis testing was normal and because of no objective findings to substantiate his complaint, he was suspected of malingering. However, he was placed on a weekly nursing sick call schedule to assure that he was not suffering from a legitimate illness.

9.

During his detention at the York County Prison, inmate Gayle was physically stable and appeared healthy on his examinations. While he complained of various symptoms, there was no evidence that he suffered any significant physical problems. Moreover, he had no problems digesting the ingredients contained in the food loaf when served to him before and after his stay in the BAU.

10.

The food loaf diet served to inmates on BAU status has been approved by a registered dietitian as an adequate source of nutrition containing the requisite calories, vitamins and food groups required to maintain good inmate health.

11.

None of the ingredients in food loaf would cause the symptoms of abdominal pain, urinary problems or rectal bleeding in a healthy inmate, and Mr. Gayle showed no evidence of being physically unhealthy either before or after eating food loaf while on BAU status.

12.

At no time was Gayle denied medical care or treatment.

13.

In my opinion, inmate Gayle suffered no adverse health consequences from eating fool loaf or being confined in the BAU.

14.

The care provided to inmate Gayle was in accord with prison regulations and within the standard of care. The inmate complaints were noted, he was examined and treated appropriately.

Dated: 8/14/02

Patricia L. Sauers, M.D.

Sworn and subscribed to
Before me this 14th day
of August, 2002.

Deborah C. Keeports
Notary Public

My Commission Expires:

Notarial Seal
Deborah C. Keeports, Notary Public
Springettsbury Twp., York County
My Commission Expires July 21, 2003
Member, Pennsylvania Association of Notaries

A

EMSA CORRECTIONAL CARE

INMATE MEDICAL REQUEST FORM

☐ DENTAL ☒ MEDICAL ☐ MENTAL HEALTH

(Please check one of the above)

PRINT ONLY PRINT ONLY PRINT ONLY

Date: MARCH/16/2001 Facility/Institution: YORK County PRISON

Name of Inmate: DESmond.V. GAYLE D.O.B.: 10/10/63

I.D. # 55438 Cell #: B.A.U B.A.U IEB 18

Problem: (in your own words) I need to see A DOCTOR, URgently!

I AM PRESENTLY in PAIN in MY ABDOMEN

I AM PRESENTLY sick FROM the FOOD LOAF

I have seRious problem YRinating, And when I do A little, it BURNS. I CANT STOOL, I CANT STOOL when I use the TOILET DO NOT WRITE BELOW THIS LINE My body CANT take it

STAFF SECTION

Disposition: _____

Person Triaging: _____ (Name) Date: _____ Time: _____

FOR STAFF USE ONLY

S: AS ABOVE.

O: (+) BURNING TO PENIS, (+) PAIN IN ABDOMEN. (+) FUTUS URINE. (+) CONSTIPATION.

A: R/O CONSTIPATION AND UTI.

P: PRN MEDICATION, MD CALL LIST.

Date: 3/16/01 _____ Health Service Signature

White — Medical Department Yellow — Other Pink — Inmate

7/94

EMSA CORRECTIONAL CARE

INMATE MEDICAL REQUEST FORM

☐ DENTAL ☒ MEDICAL ☐ MENTAL HEALTH

(Please check one of the above)

PRINT ONLY PRINT ONLY PRINT ONLY

Date: MARCH 26, 2001 Facility/Institution: York County Prison

Name of Inmate: Desmond V. Gayle D.O.B.: 10 10 63

I.D. # 55438 Cell #: BAU IEB - 1B

Problem: (in your own words)

I am sick From the Food loaf with stomach pain, Please let me see the Doctor, I Am in stomach pain now.

DO NOT WRITE BELOW THIS LINE

STAFF SECTION

Disposition: REFERRED TO CPT. KLUBER

Person Triaging: [signature] (Name) Date: 3/24 Time: 1946

FOR STAFF USE ONLY

S:

O:

A:

P:

Date: Health Service Signature

White — Medical Department Yellow — Other Pink — Inmate

CC 018 7/94

EMSA CORRECTIONAL CARE

PROGRESS NOTES

Date/Time	Inmate Name: Gayle, Desmond	ID # 55438	D.O.B.: / /

3:45pm. IM c/o burning with urination
3/20/01 Denies penile discharge
Not drinking enough water.
Thinks the food loaf is causing
his sxs.
O) Urine dip (neg)
Sp grav. 1.015
Abdominal exam benign.
A) Suspect malingering (?)
P) ↑↑ fluids/water
RTC if sxs persist

A. Exton PAC

Yearly

EMSA/PHS CORRECTIONAL CARE

HEALTH EVALUATION

Date: 3/15/01	I.D. #:	Date Booked:	County:	CHARGES BOND:

ADMISSION DATA

Last Name: Gayle	First: DESMOND	Middle:	Address:	
Alias:			City:	St.: Zip:
Birthplace:	D.O.B.:		Phone:	Religion:
SS#:	Marital Status: S M D W Sep		Read/Write English? Yes No Other:	
Previous Incarcerations (Date & Facility)			Health Insurance? Y N Carrier:	State:
			Policy Number:	
NOTIFY IN EMERGENCY	Name:	Relationship:	Address:	Phone:

MEDICAL DATA

Family Physician:	Address:	Phone:
Previous Hospitalizations/Surgeries/Major Illness/Current Illness: What? Where?		See H & P ☐
Medications: ☐ None		Special Diet (Prescribed):
Allergies: NKA ☐		Tetanus/Immunizations: Y N Dates:

ANY ARRESTEE WHO IS UNCONSCIOUS, SEMICONSCIOUS, ACTIVELY BLEEDING, IN ACUTE PAIN, AND URGENTLY IN NEED OF MEDICAL ATTENTION SHOULD IMMEDIATELY BE REFERRED FOR EMERGENCY CARE.

CLINICAL OBSERVATIONS

1) Level of Consciousness: ( ) Alert ( ) Oriented, time, please, person ( ) Lethargic ( ) Stuporous ( ) Comatose Describe: 2) General Appearance: ( ) Norm ( ) Abn. Describe:	3) Substance Abuse: ( ) Yes ( ) No ( ) Suspected ( ) Current Intoxication/Abuse ( ) Use ( ) Withdrawal Symptoms ( ) Drugs ( ) Alcohol Describe: What kind? Amount/Frequency? Last Use: (Time/Date)
4a) Behavior/Conduct: ( ) Calm ( ) Cooperative ( ) Non-Violent ( ) Agitated ( ) Uncooperative ( ) Violent ( ) Manipulative ( ) Disorganized Describe:	4b) Affect/Mood: ( ) Normal ( ) Manic ( ) Depressed ( ) Euphoria ( ) Flat ( ) Confused ( ) Delusion ( ) Emotional Instability ( ) Hallucinations ( ) Hearing Voices ( ) Mental Retardation Describe:
5a) Is Patient at High Risk for Suicide? ( ) Yes ( ) No	b) Does Pt. Describe Suicidal Thoughts or Ideations? ( ) Yes ( ) No
c) Is there evidence of Self Mutilation ( ) Yes ( ) No	d) High Risk Pt. may become Assaultive towards Staff? ( ) Yes ( ) No
e) Is there a history of a violent offense? ( ) Yes ( ) No Sexual offense? ( ) Yes ( ) No	
If ANY of the above in #5 are circled, staff MUST describe here, include previous dates:	
6a) Communication Difficulties ( ) Yes ( ) No	b) Memory Defects ( ) Yes ( ) No
c) Hearing Impairment ( ) Yes ( ) No	d) Speech Difficulties ( ) Yes ( ) No
7) Physical Aids: ( ) None ( ) Glasses ( ) Contacts ( ) Hearing Aid ( ) Dentures ( ) Cane ( ) Crutches ( ) Walker ( ) Wheelchair ( ) Braces ( ) Artificial Limb ( ) Other	
8) A/Comments, Complaints, Symptoms: None ☐ S) O) A) P)	

EMSA CORRECTIONAL CARE

INMATE MEDICAL REQUEST FORM

I have Address this matter six months Ago, and I Am doing it Again To the highest level of Authority!

I have A Permanent birth Problem need Double Toilet Papers weekly

☐ DENTAL ☑ MEDICAL ☐ MENTAL HEALTH

(Please check one of the above) I need ~~to~~ to see the Docto

PRINT ONLY **PRINT ONLY** **PRINT ONLY**

Date: MARCh, 8, 2001 Facility/Institution: York County Prison

Name of Inmate: DESmond V. Gayle D.O.B.: Oct, 10, 63

I.D. # 55438 Cell #: NSD 11-B

Problem: (in your own words)

I WAnt to See the Doctor About obtaining A Double Portion of Weekly issues Toilet PAPERS ~~PAPERS~~ I WAS born with Excessive Attendance of Bowel Removements not many inmates have this type of Problem

DO NOT WRITE BELOW THIS LINE

I have to Trade my Food sometime FOR toilet PAPERS

STAFF SECTION

Disposition: _____

Person Triaging: _____ (Name) Date: _____ Time: _____

FOR STAFF USE ONLY

S: _____

O: _____

A: _____

P: Request denied.

Date: 3/9/01 _____ Health Service Signature

White — Medical Department Yellow — Other Pink — Inmate

7/94

EMSA CORRECTIONAL CARE

INMATE MEDICAL REQUEST FORM

☐ DENTAL ☑ MEDICAL ☐ MENTAL HEALTH

(Please check one of the above)

PRINT ONLY PRINT ONLY PRINT ONLY

Date: APRil 20th 2001 Facility/Institution: York County Prison

Name of Inmate: DESmond Goyle D.O.B.: 10/10/63

I.D. # 55438 Cell #: IEA-3B

Problem: (in your own words)

My finger NAils are overgrown. and they ARe cutting me, I need to cut my NAils. thank you.

DO NOT WRITE BELOW THIS LINE

STAFF SECTION

Disposition: ALLOW INMATE TO CUT NAILS

Person Triaging: RN (Name) Date: 4/27/01 Time: 1344

FOR STAFF USE ONLY

S:

O:

A:

P:

Date: Health Service Signature

White — Medical Department Yellow — Other Pink — Inmate

CC-216 7/94

EMSA CORRECTIONAL CARE

It's in my Medical File every Prison I go, I Need Bottom Bunk - Bed "B"

I Am presently Sleeping on the Floor, because the C/O trying to Put me on Top Bunk-Bed

INMATE MEDICAL REQUEST FORM

☐ DENTAL ☐ MEDICAL ☒ MENTAL HEALTH

(Please check one of the above)

To: Pat Galyger (Doctor) (URgent Matters)

PRINT ONLY PRINT ONLY PRINT ONLY

Date: April 15, 2001 Facility/Institution: York County Prison

Name of Inmate: DESMOND V. GAYLE D.O.B. 10/10/63

I.D. # 55438 Cell #: IEA 1 - 3B-BEd

Problem: (in your own words) I have difficulties SLEEPING! I need my Medication! Please Reinstate my Medication (ZYPREXA) Please Remind the Medical that I hear Voices sometimes so I cannot sleep on top Bunk! Bed

DO NOT WRITE BELOW THIS LINE

STAFF SECTION

Disposition: Referred for medical evaluation for bottom bunk [illegible]

Person Triaging: [illegible signature] Date: 4/18/01 Time: 1:00p

(Name)

FOR STAFF USE ONLY

S: Pt stopped taking Zyprexa & now wishes to resume medication, Pt also requesting a top bunk

O: Pt anxious, agitated

A: Schizophrenia

P: 1) Zyprexa Restarted
2) Referred to Medical for evaluation for a top bunk.

Date: 4/18-01 [signature] MD [illegible]

Health Service Signature

White — Medical Department Yellow — Other Pink — Inmate

CC 018 7/94

EMSA CORRECTIONAL CARE

PROGRESS NOTES

Date/Time	Inmate Name: Desmond Gayle	ID #	D.O.B.: / /
4/17/01	S: c/o burning upon urination + pain		
1515	O: ↑T + as above mentioned, R/O UTI		
T 100.5	A: Alt in comfort dysuria		
	P: UA dip ; see below, spoke to Dr. [illegible]		
	order for bactrim received. [signature]		

MULTISTIX 10SG

NAME	DESMOND GAYLE
DATE	4/17 TECH [illegible]
GLUCOSE	–
BILIRUBIN	–
KETONE	I
SG	1.08
BLOOD	++
PH	7.5
PROTEIN	+
UROBILINOGEN	–
NITRITE	–
LEUKOCYTES	++

4/17	S: Requesting ↓ bunk 2° hearing voices
1530	O: Spoke to Dr AHN re the above ; Dr AHN
	reports ∅ need for ↓ bunk
	A: Knowledge deficit
	P: ↓ bunk request denied — [signature]

CC 023 5/95

EMSA CORRECTIONAL CARE

INMATE MEDICAL REQUEST FORM

☐ DENTAL ☒ MEDICAL ☐ MENTAL HEALTH

(Please check one of the above)

PRINT ONLY PRINT ONLY PRINT ONLY

Date: April 4/2001 Facility/Institution: York County Prison

Name of Inmate: DESmond GAYLE D.O.B.: 10,10,63

I.D. # 55438 (INS) Cell #: BAU IEB-1B

Problem: (in your own words) INS#A74-891-110

Please Sir/Madam I Am Presently feeling A Sharp PAIN in my Lower Right ABDomen And attending the toilet to Urinate every three = Something is Rong = Minutes

DO NOT WRITE BELOW THIS LINE

STAFF SECTION

Disposition: _____

Person Triaging: _____ Date: _____ Time: _____

(Name)

FOR STAFF USE ONLY

S: C/O pain in (R) lower abd. C/O urinary freq. & Stools looking like "String"

O: Using dip results below. Afeb VSB. Freq. C/O c S/C Sluggish.

A: _____

P: Ntx @ present time. Informed that 11M Freq has C/O.

Date: 4/4/01 8pm Tonya Crowl LPN

MULTISTIX 10SG

NAME _____

DATE _____ TECH _____

GLUCOSE —

BILIRUBIN —

KETONE —

SG ≤1.020

BLOOD —

PH 5.0

PROTEIN —

UROBILINOGEN 0.2

NITRITE —

LEUKOCYTES —

White — Medical Department Yellow — Other

CC 018 7/94

YORK COUNTY PRISON

OFFICERS DAILY REPORT

Chart

Offense or Subject Being Reported: Toxicology Transport → Compliance meet

Date of Incident: 3/13/01

Time of Incident: 145

Who Involved: as above

Where it Happened (Be Specific): NS. Mc. room

What happend and how, if known:
(This space can be used for reporting General Daily Duties also)

Both I/m's brought to medical for evaluation. Both I/ms evaluated c̄ medical reports (see attached) and cleared for lock up

Officer's Signature

This report to be submitted to and commented or acted upon, by the Supervisor before forwarding to the Warden.
Supervisor's Comments:

This form NOT to be used for reporting incidents requiring disciplinary acts. Use the Y.C.P. form #112 "Disciplinary Report" for all known violations that may require disciplinary action.

form #110

EMSA CORRECTIONAL CARE

PROGRESS NOTES

Date/Time	Inmate Name: Hayle, Desmond	ID # 55438	D.O.B.: 10/10/63
3-12-01	S-C/O altercation		
7-3	O-D/m presents in NAD - exclusive obvious injury - abrasion inside top lip suggestive of a tooth blunt injury. D/m C/O tenderness (R) Cheekbone area but no edema or erythema present. (-) palpable tenderness. Eyes - PEARL, (-)SOB, (-)CP, both hands show no signs of abrasions/bruising/deformities. A-ambulation in comfort. P- lip cleaned c H_2O_2, D/m cleared for lock up. Maria Stevens EMT-B		

EMSA CORRECTIONAL CARE

INMATE MEDICAL REQUEST FORM

☐ DENTAL ☒ MEDICAL ☐ MENTAL HEALTH

(Please check one of the above)

PRINT ONLY PRINT ONLY PRINT ONLY

Date: June, 29, 2001 Facility/Institution: York County Prison

Name of Inmate: Desmond V. Gayle D.O.B.: October, 16, 1963

I.D. # 55438 I.N.S A74-891-110 Cell #: NSB - 8B

Problem: (in your own words) A74-891-110

"To the Medical Doctor I would like to be tested for Diabetes, Because my Family Mother And Father was tested positive."

DO NOT WRITE BELOW THIS LINE

STAFF SECTION

Disposition: _____

Person Triaging: _____ (Name) Date: _____ Time: _____

FOR STAFF USE ONLY

S: Diabetic test. mom & Dad has it. wants tested.

O: as above.

A: alert in comfort.

P: Diabetic test.

Date: 6/30/01 11 45A K Wilmoth RN

Health Service Signature

White — Medical Department Yellow — Other Pink — Inmate

CC 018 7/94

IMMIGRATION & NATURALIZATION SERVICE
UNITED STATES PUBLIC HEALTH SERVICE

DIVISION OF IMMIGRATION HEALTH SERVICES

PRE AUTHORIZATION REFERRAL
OFF-SITE MEDICAL CARE

55438

Facility Name York County Prison Date 05/31/01

Address _____ City _____ State _____ Zip _____

Service Processing Center
- Aguadilla, PR
- Batavia, NY
- El Centro, CA
- Elizabeth, NJ
- El Paso, TX
- Florence, AZ
- Krome, FL
- Port Isabel, TX
- Queens, NY
- San Pedro, CA
- Varick, St., NY
- Columbia Care Ctr
- LA Staging

INS Status
- Court Date ___/___/___
- Hearing Pending
- FO Deportation
- YD Pending
- Appealing
- Exclusion
- Other

YES ☐ NO ☐

Request No _____

Last Name Grayle First Desmond Middle _____

Patient ID A74-891-110 DOB 10/10/63 Sex X Female ☐

Camp Arrival Date 5/28/99 Country of Origin Jamaica

Requested Service/Procedure Gross Debridement & Phroplay

Clinical Findings heavy tartar / bleeding gums

Test Results _____

Diagnosis Gingivitis

Request for Information _____

Requesting Provider Dr C Paluch / Dr S Depasquale

Phone (717) 846 7466

Referred to _____ Phone _____

Address _____ Date of Appointment ___/___/___

City _____ State _____ Zip _____ Time of Appointment _____

UTILIZATION MANAGEMENT APPROVED ☒ DENIED ☐ PENDING ☐

MCC Steven Wacha (Certified)

Medical Director NKmp

Reason for Denial _____

Certification No. _____ Reviewer F. T. Grayle

Date 6/4/01

UNITED PAYORS & UNITED PROVIDERS
AMERICA'S HEALTH PLAN

PLEASE SEND CLAIMS TO
UP&UP Health Services, Inc
PO Box 10250
Gaithersburg MD 20898-0250

CLAIMS & UM PHONE NUMBERS
Phone (888) 383-3922
Fax (888) 383-3957
E Mail [illegible]@UPUP.COM

UP & UP Health Services, Inc. 2275 Research Boulevard Rockville MD 20850-6202

1/26/07 Gross Debridement + Phroplay

COMPLETED

FILE COPY

$165.00

EMSA CORRECTIONAL CARE

INMATE MEDICAL REQUEST FORM

☒ DENTAL ☐ MEDICAL ☐ MENTAL HEALTH

(Please check one of the above)

PRINT ONLY PRINT ONLY PRINT ONLY

Date: Tuesday/May 29/2001 Facility/Institution: York County Prison

Name of Inmate: Desmond V Gayle D.O.B.: 10 10 63

I.D. # 55438 INS Cell #: NSB-8B

Problem: (in your own words) INS # A74-891-110

I need my teeth to be clean,

I am Incarcerated here for two years.

Please madam! DO NOT WRITE BELOW THIS LINE thank you

STAFF SECTION

Disposition: _____

Person Triaging: _____ (Name) Date: _____ Time: _____

FOR STAFF USE ONLY

S: _____

O: _____

A: _____

P: Put approval into INS for cleaning

Date: 5/31/01 _____ Health Service Signature

White — Medical Department Yellow — Other Pink — Inmate

CC 018 7/94

CORRECTIONAL CARE

A DIVISION OF EMSA LIMITED PARTNERSHIP

NSB

TREATMENT RECORD

NAME: GAYLE, DESMOND. POUCH #: _____

TREATMENT DATES - FROM: 4/4 TO: _____

TREATMENT TYPE

- ☐ WEIGHT CHECK
- ☐ BURNS
- ☐ WHIRLPOOL
- ☒ OTHER
- ☐ WOUND CARE
- ☐ WARTS
- ☐ EYE CARE
- ☐ EAR CARE
- ☐ PHYSICAL THERAPY
- ☐ SPLINT CHECK

WEEKLY SICK CALL (Q FRI)

MONTH/YEAR: APR

1	2	3	4	5	6	7	8
INITIALS					NSB		
9	10	11	12	13	14	15	16
INITIALS				NSB			
17	18	19	20	21	22	23	24
INITIALS							
25	26	27	28	29	30	31	
INITIALS		RLC					

MONTH/YEAR: May

1	2	3	4	5	6	7	8
INITIALS	NSB						
9	10	11	12	13	14	15	16
INITIALS	RLC						
17	18	19	20	21	22	23	24
INITIALS						NSB	
25	26	27	28	29	30	31	
INITIALS							

EMSA CORRECTIONAL CARE

INMATE MEDICAL REQUEST FORM

☐ DENTAL ☐ MEDICAL ☐ MENTAL HEALTH

(Please check one of the above)

PRINT ONLY PRINT ONLY PRINT ONLY

Date: Friday/May/25/2001 Facility/Institution: York County Prison

Name of Inmate: Desmond Gayle D.O.B. 10/10/63

I.D. # 55438 Cell #: NSB-8B NSB-8B

Problem: (in your own words)

I want to see the Doctor, because I kept vamiting up the milk, after Breakfast in the morning, also having the Runs to the toilet. The milk is giving me stomach Runs I am not used to DO NOT WRITE BELOW THIS LINE this 1% milk.

STAFF SECTION

Disposition: _____

Person Triaging: _____ Date: _____ Time: _____
(Name)

FOR STAFF USE ONLY

S: as above

O: _____

A: R/o lactose intolerant

P: diet slip

Date: 5/26/01 1800

Health Service Signature

White — Medical Department Yellow — Other Pink — Inmate

CC 018 7/94

EMSA CORRECTIONAL CARE

DIET ORDER FORM

DATE: 5/26/01

INMATE'S NAME: Desmond Gayle

DATE OF BIRTH: 10-10-63

ID NUMBER: 55438

HOUSING UNT: NSB

DIET ORDERED: lactose intolerant

DATE STARTED: 5/26/01 STOP DATE: LOS

SPECIAL INSTRUCTIONS:

IF ORDER WAS CALLED INTO KITCHEN, PLEASE INDICATE WHO YOU SPOKE TO:

PHYSICIAN:

NURSE'S SIGNATURE:

White - Medical Yellow - Kitchen

Physician's Order

MEDIMARK® II 120

Form Number 2-0502

RNA PHARMACY

Date 7/23/01

Medication Orders	Other Orders
1 Zyprexa 10mg H.S. x 60 days	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15 Desmond Gayle	
16	

Noted 7/24/01 1SB Bfriedman

Noted 7/25/01 2pm

©RNA INCORPORATED 1986

DOCTOR

DIAGNOSIS

ALLERGIES

Physician's Order

MEDIMARK® II

Form Number 2-0502

RN

RNA PHARMAC

Date 6/14/01

1140

Medication Orders

Other Orders

1 Zyprexa 10mg HS - x 45 days

2

3

4

5

6

7

8

9

10

11

12

13

14

15 Desmond Gayle

16

NKDA (W) SA

Not Seen Housed 6/14/01 9pm

double noted nurse 6-15-01

DOCTOR

DIAGNOSIS

ALLERGIES

Physician's Order

MEDIMARK®II

Form Number 2-0502

RN

RNA PHARMAC

Date 5/18/01 1525

Medication Orders | **Other Orders**

1 Zyprexa 10mg. PO x 35 days

2

3

4

5

6 Bottom Bunk

7 to be managed if

8 possible

9

10

11 USB

12 Desmond Gayle (hy)

13

14

15

16

DOCTOR

DIAGNOSIS

ALLERGIES

EMSA CORRECTIONAL CARE

cc Urgent Matters

To Pat Galliger And Doctor. Ahn

INMATE MEDICAL REQUEST FORM

☐ DENTAL ☐ MEDICAL ☒ MENTAL HEALTH

(Please check one of the above)

PRINT ONLY PRINT ONLY PRINT ONLY

Date: MAY 1/2001 Facility/Institution: York County Prison

Name of Inmate: Desmond Gayle D.O.B. 10/10/63

I.D. # 55438 Cell #: BAU-A3A A Pod

Problem: (in your own words) To Pat Galliger

Please Start the Medication until I obtained a Bottom Bunk Bed, Because it makes me Dizzy At Night Clymbing + have Problem getting upon the top Bunk when the Medication Kicking in Effect

DO NOT WRITE BELOW THIS LINE

STAFF SECTION

Disposition:

Person Triaging: (Name) Date: Time:

FOR STAFF USE ONLY

S: Pt states he becomes groggy about ½ hour after being medication and need a bottom bunk

O: Pt alerted, cooperative

A: Schyzophrenia

P: 1) Medical assigns bottom bunks refund him to specs below

2) Continue present medicals

Date: 5/7/01 Robert A Galliger MS, NCC, CCMHT

Health Service Signature

White — Medical Department Yellow — Other Pink — Inmate

CC 018 7/94

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNYSYLVANIA

DESMOND V. GAYLE Plaintiff,	:	CIVIL NO. 3:CV-01-1282
v.	:	(JUDGE WILLIAM W. CALDWELL)
WARDEN HOGAN and DEPUTY BOWEN, Defendants.	:	

CERTIFICATE OF SERVICE

I, Donald L. Reihart, Esquire, Assistant Solicitor for York County, hereby certify that a true and correct copy of the foregoing Affidavit of Patricia L. Sowers, M.D., in Support of Motion for Summary Judgment, was caused to be served on the date shown below by depositing same in the United States mail, first-class, postage prepaid, addressed as follows:

Desmond Gayle
Tangipanoa Parish Prison
P.O. Box 250
Amite, LA 70422

Respectfully submitted,

By: Donald L. Reihart

Donald L. Reihart, Esq.
Sup. Ct. I.D. #07421
2600 Eastern Boulevard, Suite 204
York, PA 17402-2904
Telephone (717) 755-2799

Assistant Solicitor for York County

Date: 8/21/02